

Arkansas Social Work Licensing Board

Name and /Or Address Change Form

Please note: Name changes must be accompanied by a copy of the official documentation verifying the change. (Marriage license, divorce decree, etc.)

Please Complete the following			
Current Name and Address		Former Name and Address	
Name (Last, First, Middle)		Name (Last, First, Middle)	
Address		Address	
City, State, Zip		City, State, Zip	
Please Update Your:		Home Phone	Work Phone Cell Phone
Email Address:			
This is a change of:	Name	Address	
For identification provide the following:			
License Number	Date of Birth	Signature	I Date
	SS#		

Return Complete Form To:

By Mail:

State of Arkansas
Social Work Licensing Board or
P. O. Box 250381
Little Rock, AR 72225

By Fax:

501-372-6301